

Using remote sensing technology to measure environmental determinants of non-communicable diseases

International Journal of Epidemiology, 2017, 1343–1344

doi: 10.1093/ije/dyw365

Advance Access Publication Date: 27 February 2017



Peng Jia* and Alfred Stein

Department of Earth Observation Science, Faculty of Geo-Information Science and Earth Observation, University of Twente – ITC, Enschede 7500, the Netherlands

*Corresponding author. Department of Earth Observation Science, Faculty of Geo-Information Science and Earth Observation, University of Twente – ITC, Enschede 7500, the Netherlands. E-mail: jiapengff@hotmail.com

Remote sensing (RS) technology is the acquisition of information by space-borne satellites or airborne sensors, without making physical contact with the object or phenomenon. We suggest that it could refine non-communicable disease (NCD) studies.

First, RS allows accurate measurement of environmental factors which have been causally associated with NCDs.¹ For example, the moderate resolution imaging spectroradiometer (MODIS) on board NASA (National Aeronautics and Space Administration) satellites, and the visible infrared imaging radiometer suite (VIIRS) on board NOAA (National Oceanic and Atmospheric Administration) satellites, measure particulate matter (PM) with a ground resolution of 0.75–1 km, including PM₁₀, PM_{2.5–10} and PM_{2.5}, which have an aetiological role in cardiovascular and respiratory diseases.²

Instruments on NASA, NOAA and ESA (European Space Agency) satellites also measure (with a ground resolution of up to 7 km) ambient temperature, which is causally linked with premature mortality,³ and carbon monoxide, nitrogen oxides, sulphur dioxide and ozone, all of which adversely affect human health through the formation of and combination with PM_{2.5}. The digital elevation model (DEM) data, produced by the NASA shuttle radar topographic mission (SRTM), record altitude, which might be linked with hypertension,⁴ at a ground resolution of 90 m.

Besides direct exposure, environment also indirectly influences NCDs by changing dietary behaviour and physical activity (PA). Examples include aluminum-rich convenience food and Alzheimer's disease,⁵ sedentary behaviour and weight gain,⁶ and vitamin D deficiency and increased risk of CVD.⁷

RS imagery can describe the built environment, which might help explain some human behaviours. For example, PA has been associated with neighbourhood environments⁸ which can be captured by RS, such as:

- i. ground vegetation coverage, which can be measured by Landsat normalized difference vegetation index (NDVI) with a 30-m ground resolution;

- ii. street intersection density, which can be extracted from French SPOT satellite imagery with a resolution as high as 1.5 m;
- iii. and residential density and land use, where building types and footprints could be identified on very high-resolution commercial satellite imagery, such as WorldView-3 (0.31 m) and QuickBird (0.61–0.72 m).

Many current studies on environmental determinants of NCDs have been restricted either to a local scale by lack of large-scale measurement (e.g. sidewalk completeness) or to a cross-sectional design due to inability to update large-scale measurement (e.g. national street intersection data sets). RS features a simultaneous data acquisition capacity on a large scale and with a shorter re-visit time for the majority of Earth's land mass. This offers possibilities for overcoming the current data bottlenecks and scaling up the efforts in localized areas. Moreover, although conducted on a large scale, some local confounding effects might be disclosed.⁹ Additionally, historical archives of RS data hold great potential for ascertaining past environmental exposure which could be linked with retrospective cohorts.¹⁰ This ability to 'go back in time' could re-construct a more complete spectrum of environmental exposure and perhaps provide new explanations.

Many Healthy Cities and Healthy People projects, such as Cancer Moonshot, recently launched by the White House, will bring high demand for quantification of the environment in order to measure individuals' life courses and life-space environmental exposures. RS could revolutionize the discipline of NCDs by economically providing environmental monitoring.

References

1. Jia P, Sankoh O, Tatem AJ. Mapping the environmental and socioeconomic coverage of the INDEPTH international health and demographic surveillance system network. *Health Place* 2015;36:88–96.

2. Brook RD, Franklin B, Cascio W *et al.* Air pollution and cardiovascular disease: a statement for healthcare professionals from the Expert Panel on Population and Prevention Science of the American Heart Association. *Circulation* 2004;**109**:2655-71.
3. Ng CF, Ueda K, Ono M, Nitta H, Takami A. Characterizing the effect of summer temperature on heatstroke-related emergency ambulance dispatches in the Kanto area of Japan. *Int J Biometeorol* 2014;**58**:941-48.
4. Brito J, Siques P, Leon-Velarde F, De La Cruz JJ, Lopez V, Herruzo R. Chronic intermittent hypoxia at high altitude exposure for over 12 years: assessment of hematological, cardiovascular, and renal effects. *High Alt Med Biol* 2007;**8**:236-44.
5. Walton JR. Chronic aluminum intake causes Alzheimer's disease: applying Sir Austin Bradford Hill's causality criteria. *J Alzheimers Dis* 2014;**40**:765-838.
6. Thorp AA, Owen N, Neuhaus M, Dunstan DW. Sedentary behaviors and subsequent health outcomes in adults: a systematic review of longitudinal studies, 1996-2011. *Am J Prev Med* 2011;**41**:207-15.
7. Weyland PG, Grant WB, Howie-Esquivel J. Does sufficient evidence exist to support a causal association between vitamin D status and cardiovascular disease risk? An assessment using Hill's criteria for causality. *Nutrients* 2014;**6**:3403-30.
8. Jia P, Cheng X, Xue H *et al.* Applications of geographic information systems data and methods in obesity related research. *Obes Rev* 2017;**18**(4); DOI: 10.1111/obr.12495.
9. Floury M, Usseglio-Polatera P, Ferreol M, Delattre C, Souchon Y. Global climate change in large European rivers: long-term effects on macroinvertebrate communities and potential local confounding factors. *Glob Change Biol* 2013;**19**:1085-99.
10. Schootman M, Nelson EJ, Werner K *et al.* Emerging technologies to measure neighborhood conditions in public health: implications for interventions and next steps. *Int J Health Geogr* 2016;**15**:20.